

**PART B - FEE(S) TRANSMITTAL**

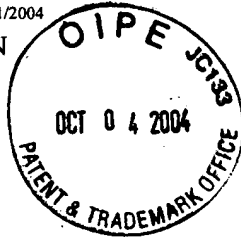
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7590 07/01/2004  
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 665 Franklin Street  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

<b>IRVING M. KRIEGSMAN</b>	(Depositor's name)
<i>Irving M. Kriegsmann</i>	(Signature)
<b>September 30, 2004</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/036,187	12/26/2001	Laddvanh Boupavichith	81724	4874

TITLE OF INVENTION: DEVICE FOR EXTERNALLY RETAINING A GASTROSTOMY FEEDING TUBE AGAINST A PATIENT AND METHOD OF USING SAID DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	10/01/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
HAN, MARK K		3763	604-077000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**SCIMED LIFE SYSTEMS, INC.**

**MAPLE GROVE, MINNESOTA**

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☐ Advance Order - # of Copies \_\_\_\_\_

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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **44-1755** (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) *Irving M. Kriegsmann* (Date) **9-23-04**

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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10/06/2004 HBERHE1 00000004 10036187  
 01 FC:1501 1330.00 0P  
 02 FC:1504 300.00 0P

TRANSMIT THIS FORM WITH FEE(S)



Patent Attorney  
Docket No. 81724  
Customer Number 23685

TRANSMITTAL LETTER

Inventor: Laddvann Bouphavichith

Serial No: 10/036,187

Filed: 12-26-01

Confirmation No. 4874

For: DEVICE FOR EXTERNALLY RETAINING A GASTROSTOMY FEEDING TUBE AGAINST A PATIENT AND METHOD OF USING SAID DEVICE

Group Art Unit: 3763

Examiner: Mark K. Han

Date Due: 10-1-04

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Dear Sir:

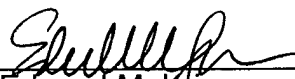
Transmitted herewith for the above-identified patent application are the following:

Issue Fee Transmittal Form  
A check in the amount of \$1630  
A return postcard

The item(s) checked below are appropriate:

1. ☐ Applicant(s) hereby petitions for a ( ) month extension of time to respond to an dated
2. ☒ Please charge any fees or costs not accounted for to Deposit Account No. 11-1755.
3. ☐ Applicant is a small entity.

Date: September 30, 2004

  
Edward M. Kriegsman  
Reg. No. 33,529

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665 Franklin Street  
Framingham, MA 01702  
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Edward M. Kriegsman